



# Wyoming Department of Health

**Commit to your health.**

State of Wyoming  
Department of Health  
Mental Health and Substance Abuse Services Division

## **Substance Abuse Treatment Certification Renewal Application**

Thomas O. Forslund, Director

Chris Newman, MHSASD Interim Administrator  
And Development Disabilities Division Administrator

**April 2011**

## **Acknowledgements and Overview**

Certification Renewal Applications will be going online soon!

The Renewal Application will be sent along with provider's pre-site guidance upon schedule confirmation from your CASAT Certification Specialist. Please complete and submit the renewal application, along with any required documentation (if applicable) to your CASAT Certification Specialist, as indicated in the pre-site guidance instructions.

Certification to provide substance abuse services is available to any alcohol and drug abuse treatment program that meets the requirements for certification identified in the Chapters 1-7 of the Rules and Regulations for Substance Abuse Standards [SA Standards] and in the following certification application. Certification determines if a program has met minimum requirements related to service delivery and has the necessary policy and procedure, organizational protocols, human resource management protocols, fiscal protocols, clinical protocols and operations, specific level(s) of care, and special population protocols to provide substance abuse and co-occurring services. It is understood by the applicant that access to clinical records must be made available to the Wyoming Department of Health, Mental Health and Substance Abuse Services Division [the Division] and Center for the Application of Substance Abuse Technologies, [CASAT] at the time of the certification site visit reviews in order to evaluate for compliance with the SA Standards. Certification is issued by the Division.

No program, provider, or facility may receive state funds for substance abuse treatment unless certified under the SA Standards. Additionally, no substance abuse service program, provider, or facility may receive court referred patients/clients unless certified under the SA Standards.

Certification Frequently Asked Questions, please click on link:  
<http://www.health.wyo.gov/mhsa/treatment/Certifications.html>

*For additional information and/or questions on the Renewal Application please contact:*

Michelle Padden, MSW, LSW, PCSW  
CASAT Certification Manager  
Center for the Application of Substance Abuse Technologies (CASAT)  
(719) 651-3835  
E-mail: [mpadden@casat.org](mailto:mpadden@casat.org)

## Section I: Certification Applicant Information

Date Application Submitted: \_\_\_\_\_

Agency or Applicant's Name: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

City and Zip Code: \_\_\_\_\_

County/Counties of Applicant's Office: \_\_\_\_\_

Applicant's Telephone Number: \_\_\_\_\_

Applicant's Cell Phone Number: \_\_\_\_\_

Applicant's E-mail Address: \_\_\_\_\_

Applicant's Fax Number: \_\_\_\_\_

In-Agency Certification Contact: \_\_\_\_\_

Website: \_\_\_\_\_

Professional Education Profile of treatment director or clinical supervisor: Please list the type of behavioral health professional degree, the area of study in which it was earned, the college or university attended, and the dates attended:

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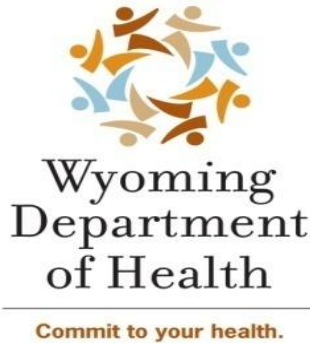
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Professional Affiliations: Please list licensure or professional certification.

Title of Credential: \_\_\_\_\_

State and Date Issued: \_\_\_\_\_

Current Status: \_\_\_\_\_



## State of Wyoming Department of Health

Mental Health and Substance Abuse Services Division

### Certification Application Affirmation Page

Agency or Applicant's Name: \_\_\_\_\_

Completed by: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Phone: (    ) \_\_\_\_\_ Date: \_\_\_\_\_

#### Instructions for Certification:

By signing and submitting this application, the applicant certifies and acknowledges that he or she has read and understands the following: I have read and will comply with each statement:

☐ YES ☐ NO: The program shall notify the Division in writing thirty (30) days prior to any proposed change in location, name, ownership, control of the facility, if the director of a program leaves or is put on administrative leave, or closure of a program. If there are circumstances that prevent this notice, notify the Division within one (1) business day of such changes with an explanation of the reason for the change. **Chapter 2, Section 2, (a) (i)**

☐ YES ☐ NO: If there is a change or transfer in ownership, the new owner(s) or controlling parties shall file an application for certification thirty (30) days prior to taking control. The application will be reviewed for completeness. If the application is complete, and a site visit finds that the minimum requirements are met, a six (6) month provisional certificate will be issued. If the application is not complete, it will be returned to the applicant to address such deficiencies noted. A provisional certificate will only be issued once the application is complete and approved and a site visit is conducted verifying minimum standards. **Chapter 2, Section 2, (a) (ii)**

☐ YES ☐ NO: Please note: No program certification shall be transferable from one owner to another or from one facility to another. The program shall immediately notify the Division if the program is closing, including a plan to transfer clients to other services as indicated. **Chapter 2, Section 2, (a) (iv)**

☐ YES ☐ NO: The program shall immediately notify the Division electronically, by email or fax, of a client or staff death where death occurs on-site. The program shall notify the decedent's family or next of kin as soon as possible. The program shall have written policies describing how critical incidents are handled and reviewed, including notification to the Division. The Division shall establish policies and procedures to ensure that in the case of a client or staff death that occurs on-site, the case is properly evaluated, documented, acknowledged, and handled in an appropriate manner. **Chapter 2, Section 2, (a) (v)**

☐ YES ☐ NO: The program shall notify the Division within one (1) business day of a critical fire, accident, or other incident resulting in the interruption of services at the location. The program shall have written policies describing how critical incidents are handled and reviewed, including notification to the Division. The Division shall establish policies and procedures to ensure that in the case of a critical incident that occurs on-site the case is properly evaluated, documented, acknowledged, and handled in an appropriate manner. **Chapter 2, Section 2, (a) (vi)**

☐ YES ☐ NO: Legal proceedings. Every program shall report, in writing, to the Division any civil award against a program or any person while employed by the program which relates to the delivery of the service or which may impact the continued operation of the facility. In addition, every program shall report any felony conviction against the program or any person while employed by the program. The report shall be given to the Division within ten (10) calendar days of receipt of the conviction. **Chapter 2, Section 2, (a) (vii)**

☐ YES ☐ NO: The program shall ensure that all its program(s), facilities, and services comply with all applicable federal, state, and local laws, regulations, codes and ordinances. **Chapter 2, Section 2, (f)(i)**

☐ YES: I attest that I have read and understand the SA Standards which pertain to the levels of service(s) applying for herein, and have read and understand all information contained within each section that is applicable to this agency. I understand that the SA Standards establish standards for substance abuse treatment services; that a continuum of quality, research based, best practice substance abuse treatment services be made available to Wyoming citizens.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## **Section II: Application for Level of Service According to the American Society of Addiction Medicine (ASAM Patient Placement Criteria PPC-2R)**

*Applicant, if agency provides services in more than one service site location, please fill out one (1) Section II page for each service site with corresponding address for each site:*

Service Site Location Address; one (1) page for each: \_\_\_\_\_

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*Applicant, place a check next to each service level applying for:*

### **Adult Services:**

- ☐ Level 0.5 Early Intervention / DUI Education
- ☐ Level I Substance Abuse Assessment Only
- ☐ Level I Outpatient Treatment
- ☐ Level II.1 Intensive Outpatient Treatment
- ☐ Level II.5 Partial Hospitalization
- ☐ Level III.1 Clinically Managed Low-Intensity Residential Treatment
- ☐ Level III.3 Clinically Managed Medium-Intensity Residential Treatment
- ☐ Level III.5 Clinically Managed High-Intensity Residential Treatment
- ☐ Level III.7 Medically Monitored Intensive Inpatient Treatment
- ☐ Level IV Medically Managed Intensive Inpatient Treatment

### **Adult Detoxification Services:**

- ☐ Level III.2-D Clinically Managed Residential Detoxification (Social Detoxification)
- ☐ Level III.7-D Medically Monitored Inpatient Detoxification
- ☐ Level IV-D Medically Managed Intensive Inpatient Detoxification

### **Recovery Support Services for Substance Abuse Services:**

- ☐ Recovery Support Services, Non-Residential
- ☐ Supportive Transitional Drug-Free Housing Services

### **Adolescent Services:**

- ☐ Level 0.5 Early Intervention / MIP Education
- ☐ Level I Substance Abuse Assessment Only
- ☐ Level I Outpatient Treatment
- ☐ Level II.1 Intensive Outpatient Treatment
- ☐ Level II.5 Partial Hospitalization
- ☐ Level III.1 Clinically Managed Low-Intensity Residential Treatment
- ☐ Level III.5 Clinically Managed Medium-Intensity Residential Treatment
- ☐ Level III.7 Medically Monitored High-Intensity Residential/Inpatient Treatment
- ☐ Level IV Medically Managed Intensive Inpatient Treatment

### **Adolescent Detoxification Services:**

- ☐ Level III.5-D Clinically Managed Residential Detoxification
- ☐ Level III.7-D Medically Monitored Inpatient Detoxification
- ☐ Level IV-D Medically Managed Intensive Inpatient Detoxification

### **Special Population Designations:**

- ☐ Co-Occurring Disorder Treatment
- ☐ Women's Treatment Services
- ☐ Residential Treatment for Persons with Dependent Children
- ☐ Criminal Justice Population
- ☐ Adolescent Treatment